

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/871,582

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/			
2			/				52			/			
3			/				53		/				
4			/				54		/				
5			/				55		/				
6			/				56		/				
7			/				57		/				
8			/				58		/				
9			/				59		/				
10			/				60		/				
11			/				61		/				
12			/				62		/				
13			/				63		/				
14			/				64		/				
15			/				65		/				
16			/				66		/				
17			/				67		/				
18			/				68		/				
19			/				69		/				
20			/				70		/				
21			/				71		/				
22			/				72		/				
23			/				73		/				
24			/				74		/				
25			/				75		/				
26			/				76		/				
27			/				77		/				
28			/				78		/				
29			/				79		/				
30			/				80		/				
31			/				81		/				
32			/				82		/				
33			/				83		/				
34			/				84		/				
35			/				85		/				
36			/				86		/				
37			/				87		/				
38			/				88		/				
39			/				89		/				
40			/				90		/				
41			/				91		/				
42			/				92		/				
43			/				93		/				
44			/				94		/				
45			/				95		/				
46			/				96		/				
47			/				97		/				
48			/				98		/				
49			/				99		/				
50			/				100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/			51						
102				/			52						
103				/			53						
104				/			54						
105				/			55						
106				/			56						
107				/			57						
108				/			58						
109				/			59						
110				/			60						
111			/				61						
112				/			62						
113				/			63						
114				/			64						
115				/			65						
116				/			66						
117				/			67						
118				/			68						
119				/			69						
120				/			70						
121				/			71						
122				/			72						
123				/			73						
124				/			74						
125				/			75						
126				/			76						
127				/			77						
128			/				78						
129				/			79						
130				/			80						
131				/			81						
132			/				82						
133				/			83						
134				/			84						
135				/			85						
136				/			86						
137				/			87						
138				/			88						
139				/			89						
140				/			90						
141				/			91						
142				/			92						
143				/			93						
144				/			94						
145				/			95						
146				/			96						
147				/			97						
148				/			98						
149				/			99						
150							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			140				TOTAL DEP.						
TOTAL CLAIMS			146				TOTAL CLAIMS						